

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90038 003 ***150.00

DOCUMENT # P11136

1. Corporation Name

FINE HOST CORPORATION

Principal Place of Business

3 GREENWICH OFFICE PARK
GREENWICH CT 06831
US

Mailing Address

3 GREENWICH OFFICE PARK
GREENWICH CT 06831
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/15/1986

4. FEI Number

06-1156070

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SPECTOR, RANDY B	1.2 NAME	FORREST, WILLIAM D.
STREET ADDRESS	6 BARN SWALLOW DR	1.3 STREET ADDRESS	3 GREENWICH OFFICE PARK
CITY-ST-ZIP	WESTPORT CT 06880	1.4 CITY-ST-ZIP	GREENWICH, CT 06831
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZIEGLER, RANDALL K	2.2 NAME	BUCCINO, GERALD P
STREET ADDRESS	10 COOPER KETTLE RD	2.3 STREET ADDRESS	200 EAST 69TH ST
CITY-ST-ZIP	TRUMBULL CT 06611	2.4 CITY-ST-ZIP	NEW YORK, NY 10021
TITLE	P <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SENIOR VP CAO & TREAS. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARNEY, ROBERT F	3.2 NAME	HALL, RICHARD L
STREET ADDRESS	76 SEMINARY ST	3.3 STREET ADDRESS	125 STEEPLE CHASE ROAD
CITY-ST-ZIP	NEW CANAAN CT 06840	3.4 CITY-ST-ZIP	ROCKY MOUNT, NC 27804
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	GROUP PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES, CATHERINE B	4.2 NAME	SIMKISS, MARK
STREET ADDRESS	TWO OAKWOOD LANE	4.3 STREET ADDRESS	1002 FOXBORO LANE
CITY-ST-ZIP	GREENWICH CT 06830	4.4 CITY-ST-ZIP	NORWALK, CT 06850
TITLE	VP <input checked="" type="checkbox"/> DELETE	5.1 TITLE	SENIOR VP GEN'L CONS & SECY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BYRON, GLENN R	5.2 NAME	KEATS, ELLEN
STREET ADDRESS	20 KELLY COURT	5.3 STREET ADDRESS	42 PECKINS ROAD
CITY-ST-ZIP	SANDY HOOK CT 06482	5.4 CITY-ST-ZIP	GREENWICH, CT 06830
TITLE	VP <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VERROS, CHRIS	6.2 NAME	
STREET ADDRESS	23 MATTHEW LANE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MANSFIELD MA 02048	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ELLEN KEATS 2/22/99 203 629 4320

CR2E034 (11/98)